

Michigan Department of Community Health  
Emergency Medical Services Section  
P.O. Box 30437  
Lansing, Michigan 48909  
(517) 241-0179  
**Website: [www.michigan.gov/ems](http://www.michigan.gov/ems)**

*Authority: P.A. 368 of 1978, as amended  
This form is for information only.*

## **RECIPROCITY/ENDORSEMENT APPLICATION FOR LICENSURE INSTRUCTIONS**

In accordance with Section 20961 of the Michigan Public Health Code, the Department may grant a license to a person who is licensed in another state at the time of application **if the applicant provides satisfactory evidence as to ALL of the following:**

- Provides evidence to the Department that the applicant meets Michigan licensure requirements;
- No pending disciplinary proceedings against the applicant;
- No license sanctions similar to those set forth in Sections 20165 or 20958 of the Michigan Public Health Code **and** currently in force against your license;
- The other State maintains licensure standards **equivalent to or more stringent** than those of this state

**If your out of state education does NOT meet Michigan requirements as outlined on the Michigan Verification of Out-of-State Licensure Form (EMS-250), you are not eligible for licensure in Michigan UNLESS you complete a Michigan approved initial education course.**

Applications with fees must be submitted together. Applications submitted without the required fee will be returned to the applicant. **ALL FEES ARE NON-REFUNDABLE.**

An individual can file an application for licensure as a MFR, EMT, or Paramedic if currently licensed in another State **and** is currently Nationally Registered or have been Nationally Registered in the past. **The application will not be complete until the State of Michigan has received verification of licensure from each out of state licensing agency on our approved Verification form (EMS-250) and has verified that the applicant is Nationally Registered or has been Nationally Registered in the past.**

**Applications for EMT-Specialist (Intermediate 85) are no longer accepted effective IMMEDIATELY. The new Specialist (AEMT) licensure level goes into effect on 4/1/13. You must have completed an AEMT Course meeting the National Education Standards and be a Nationally Registered AEMT to qualify for licensure in Michigan as an AEMT.**

Once licensed by the State of Michigan, it is not necessary to retain the National Registry certification for license renewal or re-licensure. Michigan uses the National Registry for examination purposes only. Once you are licensed all licensees are required to complete the continuing education mandated by the State. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal of your Michigan license. **Refer to EMS Personnel Continuing Education Form (BHPPA-EMS-127) for category and lecture/practical requirements which can be found at [www.michigan.gov/ems](http://www.michigan.gov/ems).**

### **GENERAL INSTRUCTIONS**

You must be at least 18 years of age to make application.

Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. **This is a two-page application.** Be sure to complete both pages/sides before submitting and sign and date your application.

1. Mark the box for the appropriate level of license (MFR, EMT, Paramedic) for which you are applying and submit the correct fee for that level.

2. Enter your personal identifying information, i.e. name, social security number, address, etc.
3. If you have a yes answer to question number 1 on page 2 of the application, you must complete the attached Criminal Conviction History Form (EMS-252).
4. If you have a yes answer to question number 2 on page 2 of the application, you must submit a detailed explanation with your application.
5. Question 3 asks for any **MICHIGAN** EMS or any other State EMS license number that you have previously held. After completing Part 1 of the attached Verification of Out-of-State Licensure Form (EMS-250), submit to the licensing agency in each state that you are currently licensed in and to any other state that you have ever been licensed in for their completion and submission directly to this office. That agency must complete the form in its entirety marking the appropriate boxes for the level of licensure they are verifying. National Registry is not a state; therefore, do not send this form to the National Registry.
6. Verification that you were once certified by the National Registry at the level you are applying for is obtained by the State. **Applicant should not submit exam results.** If applying for Paramedic, you must have passed the EMT written and practical exams before you are eligible for licensure at the higher level.

**NOTE: Volunteer Agency Employees:** Applicants that work for a volunteer licensed Michigan Life Support Agency (those that do not charge for their services and the individual does not get paid for their services) are eligible for fee exemption. Please call the telephone number above and ask for the “*Volunteer Agency Fee Exempt Form*” (EMS-144)

Department of Community Health  
 Emergency Medical Services Section  
 P.O. Box 30437  
 Lansing, MI 48909  
 (517) 241-0179

**RECIPROCITY/ENDORSEMENT  
 APPLICATION FOR LICENSURE**

Authority: Public Act 368 of 1978, as amended.  
 If this form is not complete a license will not be issued.

**State Office Use Only**

**License Number**

**Date of Licensure**

**Type or Print Only**

**I AM APPLYING BY:**

**Reciprocity/Endorsement** (Currently licensed in another state and is Nationally Registered or have been in the past at the same level of licensure)

**I AM APPLYING FOR THE FOLLOWING (Check ONE only)**

- ☐ **Medical First Responder: Fee: \$175.00**
- ☐ **Emergency Medical Technician (Basic) – Fee: \$175.00**
- ☐ **Paramedic – Fee: \$175.00**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number

Name	Social Security Number
------	------------------------

**Check the appropriate answer to each of the following questions.**

1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>NOTE: Attach Criminal Conviction History Form (EMS-252) for a Yes answer</b>		
2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>NOTE: Attach a detailed explanation for a Yes answer</b>		
3. Please list each emergency medical services license that you hold or have ever held in any state, including Michigan, including the license number and the date issued. <b>For states other than Michigan you must have each state's licensing agency verify licensure directly to this office by completing the attached Verification of Out-of-State Licensure Form (EMS-250).</b> (Attach additional sheets, if necessary)		
State	License/Registration Number	Date of Issue

### CERTIFICATION

**I certify that I am the person named on this application and that all statements are true. Once licensed, I will comply with all applicable state laws and rules.**

**I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.**

**I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.**

**The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.**

Signature	Date
-----------	------

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Community Health  
Emergency Medical Services Section  
P.O. Box 30437  
Lansing, MI 48909  
(517) 241-0179

### VERIFICATION OF OUT-OF-STATE LICENSURE

Authority: Public Act 368 of 1978, as amended.

**PART I – To be completed by the applicant and forwarded to the appropriate State Licensing Agency for completion.** If you do not meet the education requirements for your level as outlined in PART II of this form, you are not eligible for licensure in Michigan. You will be required to complete a Michigan Initial Education Course to become eligible.

Please indicate the level of licensure for which you are requesting verification:		
<input type="checkbox"/> Medical First Responder	<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Specialist (AEMT) <input type="checkbox"/> Paramedic
First Name	Middle Name	Last Name
All Previous Names and/or Birth Names Used (if applicable)	Date of Birth	Social Security Number
State Agency	License Number	Date of Issue

**PART II – To be completed by the State Licensing Agency**

The applicant named above has applied for licensure in Michigan and has indicated licensure in your state. Please complete Part II of this form and return it to the address shown above. **(MUST BE RECEIVED WITH ORIGINAL SIGNATURE; FAXED COPIES ARE NOT ACCEPTED)**

License Type	License Status <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	Expiration Date
Has the applicant incurred any disciplinary proceedings in your State? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach <b>certified</b> copies of any actions.)		Are disciplinary proceedings pending? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended, or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach <b>certified</b> copies of any actions.)		
If applying for <b>MFR</b> , did the applicant's training include Spinal Immobilization AND Epi-Pen? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If applying for <b>EMT</b> , did the applicant's training include Supraglottic Airway (e.g., combitube, king), Epi-Pen, AND Albuterol? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If applying for <b>Specialist (AEMT) or Paramedic</b> , did the applicant's training meet the National Education Standard Guidelines? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If this person is currently licensed as a Specialist (AEMT) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level? <input type="checkbox"/> No <input type="checkbox"/> Yes		

#### CERTIFICATION

I hereby certify that, to the best of my knowledge, the information above is true to the records of this Licensing Agency.

Signature

Date

Type or Print Name

Title

Name of Licensing Agency

(S E A L)

Phone Number

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency

Michigan Department of Community Health  
Emergency Medical Services Section  
P.O. Box 30437  
Lansing, Michigan 48909  
(517) 241-0179

### CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 241-9458. If you have applied for licensure, processing of your application will be delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License Number	Type of license you are applying for

Conviction #1 Information	Conviction #2 Information
Briefly state the nature of the conviction	Briefly state the nature of the conviction
Date of Violation	Date of Violation
Date of Conviction	Date of Conviction
County, State, & Court of Jurisdiction	County, State, & Court of Jurisdiction
Sentence	Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____	Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

**NOTE: The back of this form may be used if you have more than two convictions**

#### CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant/Licensee	Date
---------------------------------	------

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.